

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034781

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 4492

Registrar's No. 24

FILED AUG 26 1963

VS 300  
Rev. 4/59

1 1000

2 1000

3

4 1

5 2

6

7 0

8 2

9 422.1

10

11

12 900

13 100

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>ORAN</b>		Length of stay in 1b <b>18 yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ORAN</b>		d. STREET ADDRESS (If outside, give location) <b>ORAN</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>JANE</b> Last <b>HAMPTON</b>		4. DATE OF DEATH Month <b>AUG.</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/1/1874</b>
9. AGE (last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months <b>88</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	
11. BIRTHPLACE (City and state or country) <b>STODDARD CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>BEN KELSO</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA J. RAULS</b>	
14. NAME OF HUSBAND OR WIFE <b>JAMES W. HAMPTON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>ELMER HAMPTON</b> Address <b>ORAN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACV DISEASE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>ORAN</b>		COUNTY <b>SCOTT</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>JULY 18, 1963</b> to <b>AUG. 7, 1963</b> and last saw her alive on <b>JULY 25, 1963</b> Death occurred at <b>4:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alden Barger</i> (Degree or title)		22b. ADDRESS <b>808 E. WAKEFIELD, SIKESTON, MO.</b>	
22c. DATE SIGNED <b>8/9/63</b>		23. LOCATION (City, town, or county) (State) <b>SIKESTON MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Aug. 10 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23d. LOCATION (City, town, or county) (State) <b>SIKESTON MO.</b>	
24. FUNERAL DIRECTOR <b>EARL J. SMITH F. H.</b> Address <b>ORAN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 13-1963</b>	
26. REGISTRAR'S SIGNATURE <i>Mustel Biepling</i>		27. DATE <b>Aug 13-1963</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl J. Smith*

Licensed Embalmer No.

*2676*

P. O. Address

*Chen, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.